<b>₹</b>	eet all three tests for Yes	a spouse or dependent child because they meet all three tests for	ned" income, or liabilities of rnmittee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION - Have you exclude exemption? Do not answer "yes"
₹	Have you excluded Yes	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	ittee on Ethics and certain c andent child?	TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethic from this report details of such a trust that benefits you, your spouse, or dependent child?	TRUSTS — Details regarding "Que from this report details of such a tr
	SE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	ST INFORMATIO	SE, DEPENDENT, OR TRL	EXCLUSION OF SPOU
: : : :	O COMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR	
\$ 	or years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	ave any reportable Yes No J. Did you receive con single source in the cu	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	D. Did you, your spouse, or your diability (more than \$10,000) at any
\[ \frac{\xi}{\xi}	in the current calendar Yes	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No		C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
8	ing the reporting the date of filing? Yes	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	re than \$1,000 at the from any reportable	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth mo end of the reporting period? or b. Receive more than \$200 in unearned income asset during the reporting period?
		TIONS	OF THESE QUES	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	PRELIMINARY INFORI
าd against any 10 days late.	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1,	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Sta	STATUS New Of Employ
	OFFICE OF THE CLERK	Check if Amendment	12 H	New Member of or Candidate for State: M. U.S. House of Representatives District: L. Candidates – Date of Election: L. /8/2, 12	I
	LECISLATIVE RESOURCE CENTER 2021 JUN -2 AM II: 28	hone:	_ Daytime Telephone:	KAIL	Name: EVAN
Page 1 of	MAY - 7 2021	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HOUSE OF REI

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Page

2

5 K # For bank and other cash accounts, total the amoun in all interest-bearing accounts. If the total is ove \$5,000, list every financial institution where there is For an ownership interest in a business that is not publicly traded, to of the business, the nature of its ac geographic location in Block A. (JT), in the optional column on the far left. nore than \$1,000 in interest-bearing accounts. Provide complete names of stocks and mutual fund (do not use only ticker symbols). or all IRAs and other retirement plans (such total) plans) provide the value for each asset h roduction of income and with a fair market value xceeding \$1,000 at the end of the reporting period nd (b) any other reportable asset or source of you so choose, you may indicate that an come source is that of your spouse you report a privately-traded fund that in capted investment Fund, please check the ontify (a) each asset held Assets and/or Income Sources account that exceeds the reporting thresholds ne source is that of your spouse ident child (DC), or jointly held with de: Your personal residence, including seco during the reporting period); HEMP がか detailed Ailgaga program. LI 2 KEX and other real property held provide a complete address ESTREO. ABC Hedge Fund Simon & Schuster lega Corp Stock discussion of Schedule refer to the instruction book! including the Thrift BLOCK A property, צעסמר STOCK of its activities, and ₹ S for investment Storle 70 and a city privately-held A E Saving (SP) 조 <u>호</u> 호 호 쁰 × If an asset was sold during the reporting period and included only because it generated income, the value shou Indicata value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. \*Column M is for assets held by your spouse or depen child in which you have no interest. × \$1-\$1,000 • \$1,001-\$15,000 O \$15,001-\$50,000 O Value of Asset m × \$50,001-\$100,000 \$100,001-\$250,000 \*\*\* BLOCK B × 0 \$250,001-\$500,000 I \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 • \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 ~ Over \$50,000,000 \_ ĸ Spouse/DC Asset over \$1,000,000 disclosed as income to taxable accounts. Check generated no income du Check all columns that apply. For accounts the generate tax-deferred income (such as 4010). Deferred column Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for user's held in taxable accounts. Check "None" if the asset generate tax-deferred income I RA, or 529 accounts), you may NONE × DIVIDENDS RENT Type of Income INTEREST BLOCK C 人人 ズ メ CAPITAL GAINS I income (such as 401(k), you may check the Tax-EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "fax-Deferred" in Block C, you may check the "None" column. For all a sasets indicate the category of income by checking the appropriate bot below. Dividends, interest, capital gatine, even if reinvested, must be disclosed as income for assets held in taxable account Check "None" if no income was samed or generated. None "Column XII is for assets held by your apouse or dependent child in which you have no interest ナナ = × \$1-\$200 \$201-\$1,000 ≅ ₹ \$1,001-\$2,500 < \$2,501-\$5,000 ≤ × \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 × Amount of Income \$1,000,001-\$5,000,000 ≚ Over \$5,000,000 ¥ Spouse/DC Income over \$1,000,000\* アメメ None × \$1-\$200 = ≡ × \$201-\$1,000 ₹ \$1,001-\$2,500 < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ × \$15,001-\$50,000 Year ≦ \$50,001-\$100,000 ≂ \$100,003-\$1,000,000 \$1,000,001-\$5,000,000 × For all oth × Over \$5,000,000 ≚ Spouse/DC income over \$1,000,000\*

Use additional sheets if more space is required

SCHEDULE A - ASSETS & "UNEARNED INCOME"	
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### SCHEDULE C - EARNED INCOME

Name: EV¥

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.
let the survey type and province of service increasing some arms of the fleet survey o
and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a flduciary relationship) are totally prohibited for Members and senior staff.

					KAIL STRATEGIES AND INVESTMENTS	Civil War Roundtable (Oct. 2)  Onlario County Board of Education		Source (include date of receipt for honoraria)
					Salary	Spouse Salary	Honoratium Salary	Туре
					45000	\$0	\$0 \$20,000	Am Current Year to Filing
					40000	\$1,000 N/A	\$500 \$76,000	Amount Preceding Year

#### SCHEDULE D - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time

	Name:	EVAN	Name: EVAN KIL		Page \ of	
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during the reporting period by	you, your s	pouse, or you	r dependent child.	Mark the highest amou	during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	
secured by real property incli	iding mort	jages on their	personal residence	ce. Exclude: Any mortga	secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	
s, household furniture, or app	iances; lia	bilities of a but	siness in which yo	w own an interest (unless	s, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	
wu or your spouse. Reporta.	Bujajove	charge accou	nnt (i.e., credit card	<ul> <li>d) only if the balance at th</li> </ul>	u or your spouse. Report a <b>revolving charge account</b> (i.e., credit card) only if the balance at the close of the reporting period	

Over \$1,000,000* (Spouse/DC Liability)	Over \$50,000,000	\$25,000,001- \$50,000,000	\$5,000,001- \$25,000,000	\$1,000,001- \$5,000,000	\$500,001- \$1,000,000	\$250,001- \$500,000	\$100,001- \$250,000	\$50,001- \$100,000	\$15,001- \$50,000	\$10,001- \$15,000	Type of Liability	Liability Incurred MO/YR	Creditor	SP. DC, JT
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				ability		Amount of Liability								
dence )); and period	al resi y liable orting	ersonal residence. Exclude: Any mortgage on your personal residence less in which you own an interest (unless you are personally liable); and (i.e., credit card) only if the balance at the close of the reporting period	on you ou are p close of	nortgage inless yo e at the	s: Any n terest (u balance	Exclude wn an in nly if the	sidence. Shyou on (card) on	onal res s in whic e., credit	heir pers busines bunt (i.e.	as on the es of a language	secured by real property including mortgage se, household furniture, or appliances; liabiliti ou or your spouse. Report a revolving chause or dependent child.	xt all liabilities by automobile or sibling of your spour	period. New Members: Members are required to report all llabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.	period. (unless liabilities exceeds

#### SCHEDULE E - POSITIONS

Example

First Bank of Wilmington, DE

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Mortgage on Rental Property, Dover, DE

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Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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HEDU	HEDULE F AGREEMENTS	Name: EVAN KAIL	Page 5 of
ntify the datinuation of	ntify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a l tinuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an ployer.	ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former	eriod of government service; den maintained by a former
Date	Parties to Agreement	Terms of Agreement	
		9999	

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and the prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: EVAN KAIL

NOTE							
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#### CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below. The Honorable Cheryl L. Johnson, Clerk Office of the Clerk, U.S. House of Representatives Legislative Resource Center B-81 Cannon House Office Building Washington, DC 20515-6601 Dear Madam Clerk: Indicate Your Status: (Select One) This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives. Over \$5,000 Threshold Not Exceeded I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk. This is to notify you that under the laws of the state of \_\_\_\_ I withdrew my candidacy for the U.S. House of Representatives on \_\_\_\_\_ Withdrawal of Candidacy [Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.] Name (Please Print or Type): \_\_\_\_ State: Date:

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)